

CHILD CARE LICENSING

<u>LAS VEGAS OFFICE</u>	<u>ELKO OFFICE</u>	<u>CARSON CITY OFFICE</u>
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REQUEST FOR APPROVAL:
CHANGE OF INFORMATION ON CURRENT
FACILITY LICENSE

(Complete Section 1. Complete all areas in Section 2 applicable to requested change.)

SECTION 1

Date _____ Requested effective date of change _____

Name of Child Care Facility _____

Address _____ Phone No. _____

Name of Director/Owner _____

SECTION 2

CHANGE IN FACILITY LISTING _____

(Add or delete preschool, center, nursery)

CHANGE IN DAYS OF OPERATION _____

CHANGE IN HOURS OF OPERATION _____

CHANGE IN AGES OF CHILDREN _____

CHANGE OF NUMBER OF CHILDREN _____

(Must meet the requirements for indoor and outdoor square footage.)

CHANGE IN BEFORE/AFTER CHILDREN _____

CHANGE IN FOOD SERVICE _____

(Must meet the requirements set forth by the local health authority.)

CHANGE IN PHYSICAL/MAILING ADDRESS/PHONE NUMBER _____

OTHER CHANGE NOT LISTED ABOVE _____

ALL CHANGES WILL BECOME EFFECTIVE ON THE FIRST DAY OF THE MONTH
PLEASE ALLOW 30 DAYS FOR LICENSE TO BE PROCESSED PRIOR TO CHANGE

Signature of Director/Owner requesting change: _____ Date: _____

DATE RECEIVED BY LICENSING: _____ APPROVED: _____ DENIED: _____
DATE REVISED LICENSED ISSUED: _____ REASON: _____